

SAXOPHONE WEEKEND APPLICATION

Please type or print clearly.

Name

last

first

m.i.

International students must write their name as it appears on their passport.

Preferred first name

Date of birth

Male

Female

month/day/year

Address

City

State

ZIP

Country

Telephone number ()

Email address (required)

Fax number ()

Are you a citizen or permanent resident of the United States?

yes

no

If no, please include your country of citizenship:

Are you Hispanic/Latino? (optional):

yes

no

Mark one or more ethnic group you belong to (optional):

American/Alaskan Native

Hawaiian/Pacific Islander

Asian

White

Black or African American

I first heard about the program from (please name source):

Check your instrument **(one only)**:

Alto Saxophone

Soprano Saxophone

Baritone Saxophone

Tenor Saxophone

How long have you studied this instrument?

I understand that classes are taught in English, and **(choose one)**:

English is my primary language.

English is my secondary language, but I am proficient in English.

Parent/Guardian Information

Name _____
last first m.i.

Address _____

City _____ State _____ ZIP _____

Country _____

Telephone number (_____) _____

Email address _____

Occupation (describe briefly) _____

Signature _____ Date _____

(required if applicant is under 18 years of age)

Payment of Fees

Applications must be accompanied by a \$50 nonrefundable processing fee. (Please note: This is not a prepayment toward your tuition.) Checks should be made payable to Berklee College of Music, or you may authorize that the fee be charged to your credit card:

- MasterCard
- Visa
- Check enclosed

Account number _____

Expiration date _____

Print name (as it appears on card) _____

Signature _____

Date _____